### FORM D

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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPR

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FORM D

OCT 0 2 2008

SEC USE ONLY
Prefix Serial

PURSUANT TO REGULATION THOMSON REUTERS
SECTION 4(6), AND/OR

DATE RECEIVED

UNIFORM LIMITED OFFERING EXEMPTION

Name of Offering: Class A Unit Offering	3			····	3				
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	X Rule 506	☐ Section 4(6)	□ ULOE				
Type of Filing:	New Filing	Amendment							
·	A. B.	ASIC IDENTIFICA	TION DATA						
1. Enter the information requested about the is	suer		<u> </u>						
Name of Issuer ( check if this is an am	endment and name has	changed, and indica	ite change.)						
COSHOCTON ASSOCIATES, LLC				·					
Address of Executive Offices	(Number	and Street, City, Stat	e, Zip Code)	Telephone Numbe	1 1 <b>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>				
331 W. Thornton Avenue, St. Louis, Missouri 63119 (314)862-5557									
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number									
(if different from Executive Offices)					08060272				
Brief Description of Business: Real Estate	Investment								
Type of Business Organization	•		-						
□ corporation	limited partner	ship, already formed	⊠ oti	her (please specify): Limi	ited Liability Company				
☐ business trust	limited partners	hip, to be formed							
Actual or Estimated Date of Incorporation or O	rganization:	Monti 0 d	h Year	8 🗵 Actual	☐ Estimated				
Jurisdiction of Incorporation: (Enter two-letter CN for Canac	U.S. Postal Service Al la; FN for other foreign		:	Ö	н				

## GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	FICATION DATA		_	
2. Enter the informati	on requested for the fo	ollowing:				
<ul> <li>Each promoter of ti</li> </ul>	he issuer, if the issuer	has been organized within the p	ast five years;			
<ul> <li>Each beneficial ow</li> </ul>	ner having the power	to vote or dispose, or direct the	vote or disposition of, 10% or a	more of a class of ec	puity s∝	urities of the issuer;
Each executive offi	cer and director of cor	porate issuers and of corporate	general and managing partners	of partnership issue	ers; and	
Each general and m	nanaging partner of pa	rtnership issuers.				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)			•		
MATHEW FAGIN			·	·		
Business or Residence Address 331 W. THORNTON AVE.				•		
Check Box(es) that Apply:	× Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				_	
RICHARD O. FINE		•				
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code)				
331 W. THORNTON AVE.	ST LOUIS MISS	OUD: 63110				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					magnig i wara
JASON FINE						
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code)	<del></del>			· · ·
331 W. THORNTON AVE.	ST LOUIS MISS	OUD: 63110				
Check Box(es) that Apply:	▼ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)	<del></del>				8-8-
ROBERT K. HORN						
Business or Residence Address	s (Number and Street	t, City, State, Zip Code)				<del></del>
331 W. THORNTON AVE.	ST LOUIS MISS	OUR. 63119				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					
SCOTT STINSON						
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code)				
331 W. THORNTON AVE.	. St. Louis, Misse	OURI 63119				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					•
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code)				

					B. 1	NFORM	ATION A	BOUT O	FFERING	;				
_				_		-				. <del>-</del>			Yes	No
l. Has	s the issue	sold, or de	oes the issue	<del>er</del> intend to	sell, to non	-accredited	investors i	n this offeri	ng?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				X
						• •		lumn 2, if fi	_					
2. W	nat is the m	inimum in	vestment th	at will be a	ccepted fro	m any indiv	ridual?					·····		
													Yes [汉]	No □
														nuncration for
soli reg a b	icitation of istered wit roker or de	f purchaser h the SEC aler, you n	s in connect and/or with nay set forth	tion with s a state or s the inform	sales of sec states, list th	curities in the he name of	he offering the broker	. If a perso or dealer, I	on to be lis	sted is an a	ssociated p	erson or ag	gent of a br	oker or dealer ersons of such
Full Nan	ne (Last na	me first, if	individual)											
Business	or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)								
Name of	Associato	d Broker or	Dealer		· · · ·	<del></del>	<del></del>				<del></del>			
States in	Which Per	son Listed	Has Solicit	ed or inten	ds to Solici	t Purchaser	5							
(Ci	neck "All S	tates" or c	heck individ	Jual States)									🗖 AI	States
,	. [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[[N]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN] [OK]	[MS]	[MO]	
	[MT] [RJ]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [TU]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[UK] [WI]	[OR] [WY]	[PA] [PR]	
Full Nan	ne (Last na	me first, if	individual)					·-						
Business	or Reside	nce Addres	s (Numbe	r and Street	t, City, Stat	e, Zip Code	;)							<del></del>
Name of	Associated	l Broker or	Dealer						-					
States in	Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser:	<del></del> 5					•		
(Ch	neck "All S	tates" or cl	heck individ	hial States)		**************							🗖 🔐	States
Ţ	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	(ID)	
	(IL) {MT]	[IN] [NE]	[IA] [NV]	(KS) (NH)	{KY] (NЛ]	(LA) (NM)	(ME) [NY]	[MD] [NC]	[MA] [ND]	(MI) [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[RI]	(SC)	[SD]	[אדן] [אדן	[TX]	[עדן]	[VT]	[VA]	[WA]	(WV)	[WI]	[WY]	[PR]	
Full Nam	ne (Last na	me first, if	individual)											
Rusiness	or Resider	see Addres	s (Numbe	r and Street	City Stat	e Zin Code	.,							
Dusinus	or redica	ico rious co	5 (11 <b>2</b> 110 <b>2</b>		., Сп, от	o, zip cou	••							
Name of	Associato	Broker o	Dealer			-				·				_
States in	Which Par	son Listed	Has Solicit	ed or Intend	is to Solici	t Purchasers	<u> </u>						<u> </u>	
(Ch	neck "All S	tates" or cl	neck individ	lual States)							************		🗖 All	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)	
	[IL]	[IN]	[IA]	[KS]	[KY] [NJ]	[LA]	[ME] [NY]	(MD) (NC)	[MA] [ND]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]	
	[MT]	[NE]	[NV]	(NH)	נניהן נניהן	[NM]	(VTI	(VA)	[WA]	[OH]	[UK] [WI]	(WV)	[FA]	

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [VI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "O" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🛘 and indicate in the columns below the amounts of securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price (1) Sold (2) 0\_ 0\_ Debt ...... 0 0 ■ Common ☐ Preferred Convertible Securities (including warrants)..... 0 0\_ Partnership Interests ..... Other (specify) .......Class A .Limited Liability Membership Interests..... \$<u>1,745,000</u> \$<u>1,745,000</u> \$ 1.745,000 \$\_1,745,000 Total ..... Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number investors of Purchases \$1,745,000 Accredited Investors 31 0 Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 504..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... ....0\_ O 0

0

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0

0

Accounting Fees ......

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify)

	total expenses furnished in response to Part C -	te offering price given in response to Part C - Question 1 and Question 4.a. This difference is the "adjusted gross proceeds to	\$ <u>1,745,00</u>	)0	_
5.	the purposes shown. If the amount for any pur	s proceeds to the issuer used or proposed to be used for each of pose is not known, furnish an estimate and check the box to the listed must equal the adjusted gross proceeds to the issuer set			
			Payments to Officers, Directors, and Affiliates	ı	Payments to Others
	Salaries and fees		\$0	_ 🗆 :	00_
	Purchases of real estate		<b>s</b> 0	_ 🛭 :	1.745,000
	Purchase, rental or leasing and installation of m	achinery and equipment	s <u>o</u>	_ 🗆 :	<u> </u>
	Construction or leasing of plant buildings and fa	acilities	<b>s</b> 0	_ 🛚 🗖 9	i0
	Acquisition of other businesses (including the v may be used in exchange for the assets or securi	alue of securities involved in this offering that ities of another issuer pursuant to a merger)	\$ <u>.</u> 0	_ 🙃 :	<u> </u>
	Repayment of indebtedness		s0	_ 🗆 :	0
	Working capital		s <u> </u>	_ 🗆 :	00
	Other (specify)s		\$ <u> </u>	_ 🗅 :	<u> </u>
	Column Totals		s <u> </u>	_ 🗖 :	1,745,000
	Total Payments Listed (column totals added)			\$ <u>1,745,000</u>	
		D. FEDERAL SIGNATURE	 		
เกเ		the undersigned duly authorized person. If this notice is filed uncurities and Exchange Commission, upon written request of its state of Rule 502.			
	ner (Print or Type)	Signaturo	Date		
Cc	SHOCTON ASSOCIATES, LLC	flickant Vine	Sep	2-8, ã	Pa08
٧aı	ne of Signer (Print or Type)	Title of Signer (Print or Type)	/		
RK	CHARD O. FINE	MANAGER			

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	<u>.                                    </u>			
			Yes	No		
1.		$\boxtimes$				
		See Appendix, Column 5, for state response				
2.	The undersigned issuer hereby undertakes such times as required by state law.	to furnish to any state administrator of any state in which this notice is filed, a notice on Form	n D (17 CFF	R 239.500) at		
3.	The undersigned issuer hereby undertakes	to furnish to the state administrators, upon written request, information furnished by the issuer	to offerees.			
4.		issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform lin filed and understands that the issuer claiming the availability of this exemption has the burden				
	issuer has read this notification and knows t son.	he contents to be true and has duly caused this notice to be signed on its behalf by the undersig	ned duly aut	thorized		
	Signature (Print or Type) COSHOCTON ASSOCIATES, LLC  Signature Cop. 8					
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
R۱	CHARD O. FINE	MANIACED		•		

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX					
1		2	3  Type of security	-	4					
	to non-a	to sell accredited is in State 3-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK								-		
AZ										
AR										
CA										
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IL.		х	Class A Units in LLC	. 1	\$20,000	0	0		х	
IN				·· <del>-</del>				·		
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MA	-	-	<u> </u>							
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MS			Class A Units in				<del>                                     </del>			
мо	-	x	LLC	29	\$1,625,000	0	0		_ x	
MT		<u> </u>		<del></del>				<del></del>	ļ	
NE	<del>                                     </del>	<del> </del>								
NV	<u></u>		<u> </u>			<u> </u>	<u>                                     </u>		l	

			· · · ·	·	APPENDIX					
1		2	3			4		5		
	to non-a	d to sell accredited as in State d-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
ни	,									
IJ							<u> </u>			
NM										
NY					ļ					
NC										
ND										
ОН	<u> </u>	x	Class A Units in LLC	1	\$100,000	0	0		x	
ок										
OR										
PA										
RI										
sc										
SD									•	
TN										
TX	ļ									
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